AMENDED STATEMENT OF PARTNERSHIP AUTHORITY CONNECTICUT PARTNERSHIP

Office of the Secretary of the State 30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

	Space for Office Use Only	Filing Fee: \$75.00
1. NAME OF THE PARTNERSHIP AS IT APPEARS ON THE RECORDS OF THE SECRETARY OF THE		
STATE:		
2. THE PARTNERSHIP'S STATEM	ENT OF PARTNERSHIP AUT	HORITY IS AMENDED AS FOLLOWS:
Please reference an 8 1/2 X 11 attachment if additional space is required		
EX	ECUTION: (By at least two	partners)
Dated this	day of	20
Dated this	day 01	, 20
I hereby declare under the penalties of false statement that the statements made in the		
	foregoing document is true	
2. Davinst our term our array of all arrays	A Compaitry of a second	5 Cian - 4
3. Print or type name of signatory	4. Capacity of signatory	5. Signature